

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Ruchanan  
Township \_\_\_\_\_  
City St. Joseph (No. \_\_\_\_\_)

Registration District No. 85  
Primary Registration District No. 100  
St. St. Joseph Hospital

File No. 3800  
Registered No. 152  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Fisher

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ R.F.D. Hurlinger Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Louisa Mary Fisher</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 12, 1844</u>				
7. AGE - YEARS <u>87</u>	MONTHS <u>4</u>	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>St. Genevieve</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Michael Fisher</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Regina Vaeth</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Miss Elizabeth Fisher</u> (ADDRESS) <u>Hurlinger Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cemetery</u> DATE <u>Febr. 18</u> 19 <u>32</u>				
19. UNDERTAKER <u>J. W. Sidenfaden</u> (ADDRESS) <u>1802 Barton St St Joseph Mo.</u>				
20. FILED <u>FEB 16 1932</u> <u>John H. Bender</u> Registrar				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 32 to Feb 15 32  
I last saw him alive on Feb 13 32 Death is said to have occurred on the date stated above, at 4:45P. m.  
The principal cause of death and related causes of importance were as follows:  
Heart Disease, hypertension with  
with nephritis, chronic  
131  
95B 131  
Other contributory causes of importance: (1)  
none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis unknown Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Amel - G. Jones, M. D.  
(Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

